

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		43	5/1/01
FORMALITY REVIEW	BX	897	05/24/01
RESPONSE FORMALITY REVIEW	18	906	09/05/01

INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)..... Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Final	Original	Date
1	✓	12/18/01	
2	✓	12/18/01	
3	✓	12/18/01	
4	✓	12/18/01	
5	✓	12/18/01	
6	✓	12/18/01	
7	✓	12/18/01	
8	✓	12/18/01	
9	✓	12/18/01	
10	✓	12/18/01	
11	✓	12/18/01	
12	✓	12/18/01	
13	✓	12/18/01	
14	✓	12/18/01	
15	✓	12/18/01	
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25	✓	12/18/01	
26	✓	12/18/01	
27	✓	12/18/01	
28	✓	12/18/01	
29	✓	12/18/01	
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40	✓	12/18/01	
41	✓	12/18/01	
42	✓	12/18/01	
43	✓	12/18/01	
44	✓	12/18/01	
45	✓	12/18/01	
46	✓	12/18/01	
47	✓	12/18/01	
48	✓	12/18/01	
49	✓	12/18/01	
50	✓	12/18/01	

Claim	Final	Original	Date
51	✓	12/18/01	
52	✓	12/18/01	
53	✓	12/18/01	
54	✓	12/18/01	
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56	✓	12/18/01	
57	✓	12/18/01	
58	✓	12/18/01	
59	✓	12/18/01	
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97	✓	12/18/01	
98	✓	12/18/01	
99	✓	12/18/01	
100	✓	12/18/01	

Claim	Final	Original	Date
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102			
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Best Available Copy

If more than 150 claims or 10 actions  
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804  
09/06